

THE MEDICAL SERVICES OF THE ARAB LEGION

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D.M.S. Arab Legion

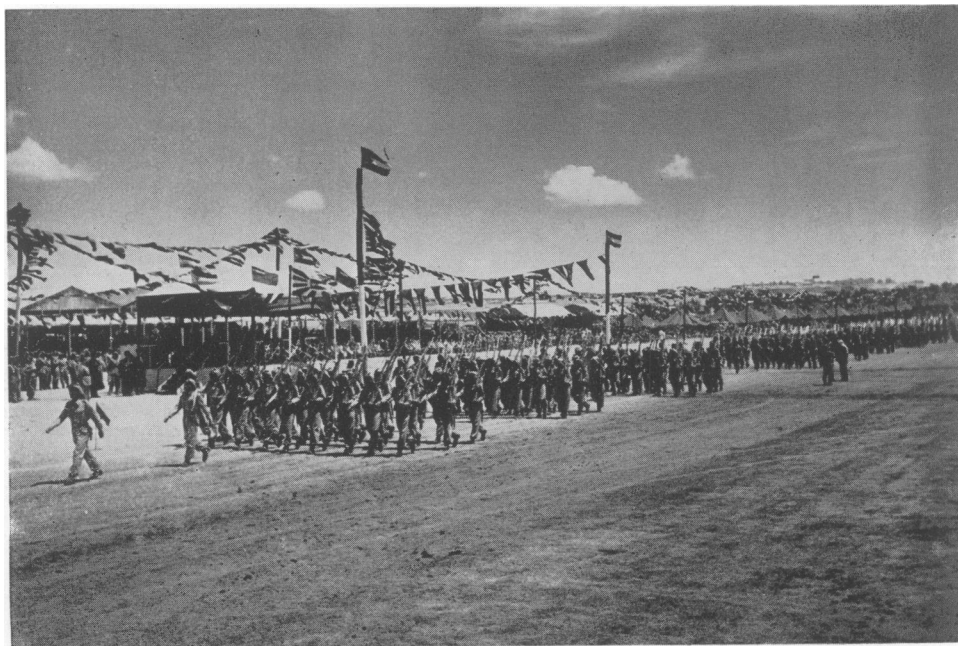


FIG. 1.—Infantry of the Arab Legion march past on Arab Legion Parade Day.

The medical service in the Arab Legion in its present form is a relatively new organization and not more than five years old. It was started as such about April 1948. Up till that time the service had only a few medical officers, who referred their cases for hospitalization and specialized work to the British Army hospitals in Palestine. In addition, we had a small sick bay at Amman and a modest store of medical equipment. This small unit was administered by a senior medical officer who had his office at Arab Legion Headquarters.

Towards the middle of May 1948, the British Army evacuated Palestine and its hospitals closed down and we were left to our own resources under very difficult circumstances. The troubles in Palestine started straight after the termination of the Mandate and the withdrawal of the British Army from the country, and soon we had several

hundred patients on our hands. It was rather a trying time for the medical staff. We had taken over the unpretentious buildings of the hospital that belonged to the disbanded Frontier Force at Zerka (near Amman). This force was disbanded simultaneously with the withdrawal of the British forces from Palestine, and it was in its former hospital that we began treating our sick and wounded; but we were short of medical officers, short of competent nursing staff and very short of equipment. The hospital we took over could accommodate comfortably no more than 50 patients and consequently adjacent army barracks had to be utilized. We had to make the best we could of the available equipment. Within two months we were able to squeeze 400 patients into the base hospital and establish a satisfactory field hospital that could take more than 50 casualties.



FIG. 2.—A member of the Police Force recruited from the rural districts.



FIG. 3.—A typical Bedouin soldier—a fine and courageous fighter.

The medical service in the field had, until the beginnings of 1948, only a few regimental medical officers. The service acted in independent units to a regimental level. We did not have field ambulances, hygiene sections or laboratories, and as for hospital care we depended on the neighbouring British Army units as mentioned above.

This is a quick review of the beginnings of our Arab Legion Medical Service, and it is a great satisfaction to feel that now it stands well on its feet. It may give a clearer concept of our medical organization to mention that it is organized on the same lines as the British Army Medical Service. In fact, it is very similar to a medical unit of a British force of the same size as the Arab Legion. In its present form our service is still young, and though it has made considerable strides it has still to be perfected. On the other hand, its expansion has been very rapid and it is probably safe to say that within this short period it has become more than five times its original size. We can boast now of a large number of keen and efficient medical officers, a trained staff of medical orderlies,

a fair-sized base hospital, field dressing stations, a number of field ambulances, a hygiene unit and well run regimental aid posts and sick bays.

Besides our responsibilities to the army proper, our service has other commitments. The police and the Gendarmerie come under the Arab Legion. The officers of these units are officers in the Legion and the men are Arab Legion soldiers. Officially they are for medical purposes the responsibility of the civil medical service, but in point of fact our service has the bigger share in looking after them and after their forts scattered throughout the country. This is true also of the Desert Force and its isolated posts. We send staff regularly to visit the outlying posts of this force. We look after their sick, replenish their small stock of drugs and first-aid equipment, combat insect vectors of prevailing diseases, spray their quarters with D.D.T., inspect their sanitary conditions and, in short, do all we can to help them and their families.

It should be stressed, however, that we are still

building up our service and that it will be some-time before we bring it up to the standard of efficiency to which we aspire. To achieve this end we are concentrating on high professional training for doctors and orderlies. There are at present four medical officers specializing in different branches of medicine, all of them in the United Kingdom, and a number of others have already finished the courses prescribed to them and are now back in the Jordan. The period of training varies from six months to three years. More doctors will be sent for study and specialization as soon as we can spare them.

Training of medical orderlies is largely carried out in the Jordan itself, but a number of technicians and others, such as laboratory assistants, storemen, special treatment orderlies, hygiene inspectors, X-ray, dental and electric technicians, are being sent to the proper institutions in the United Kingdom or to the British Army medical establishments for training.

Though it is our intention to continue developing the scientific side in our service and to try and attain a high professional standard, the field medical work takes the forefront of our plans and consequently is receiving much of our attention at present. Army doctors must be able to deal with the sick and the wounded in the field and to keep a reasonably high standard of sanitation in static or temporary camps. They must be trained to judge quickly what the urgent treatment is and what they should give to their sick and wounded on the spot, and they ought to be familiar with the methods of evacuating their casualties with minimum harm to the men and to the efficiency of the fighting force. Besides being good doctors, they ought also to be good officers. To this end a few of our doctors have had attachments to British Army medical units for training in field work, and our medical units in the field are having as much training as is possible. Some of these units have recently been formed, but the older ones are well up to a reasonable standard by now.

The field hygiene section is temporarily commanded by a well-trained non-medical officer. He and some of his sanitary inspectors have had their training with the British Army field hygiene units.

Our medical service includes also an efficient dental department. The senior dental officer had a long post-graduate training in England. Another dentist is now on another long course in the United Kingdom. Dentists are supplied to the different medical formations and look regularly after the dental welfare of the troops.

The base hospital is quite big and has departments for surgery, internal medicine, ophthalmology E.N.T., dermatology and venereal diseases,

a laboratory, an X-ray department and a special section for tuberculosis.

The surgical department is under the charge of a surgeon of experience, who had a fairly long training in England. Besides this we have field surgical teams who are equipped and trained to do emergency surgery in the field. One of our surgeons is now in England; his particular line will be orthopaedic surgery.

The laboratory at the base hospital is now well established, it is under the charge of able officers and efficient personnel. It supervises smaller laboratories in the field medical units. It includes a small transfusion centre which has the potentiality of forming a blood transfusion bank if needed. Modern laboratory equipment has been ordered and is being sent to us from the United Kingdom.

The X-ray department is being equipped with a new modern machine besides the machines it already possesses. A mass miniature radiographic unit is to be added to it during the current year. One of our X-ray technicians is now on a course in the United Kingdom to get acquainted with the technique of this work. He will also visit Stockholm for the same purpose.

One of our main difficulties has been recruiting the necessary number of doctors. We have no compulsory national service and hence it has not been easy to cope with our responsibilities. The situation is much better now and we have practically all the doctors we want. Doctors often think that they will lose touch with the professional side in an army service and are reluctant to enlist. I may venture to say that our medical service has made a good name for itself, and this, coupled with courses for higher training in the United Kingdom and elsewhere, has had a good effect on recruitment. To meet the possible difficulty of shortage of doctors which might arise in the future, the authorities concerned have considered it wise to send students to study medicine in the United Kingdom on Arab Legion expense. We have now a fair number of these students in the United Kingdom who, on graduation, will become regular officers in the Legion.

As to the general health in our army, I can say with confidence that it is quite good. With one exception we have no special medical problems, and the number of in-patients is usually below 2 per cent. The problem referred to is the susceptibility of the Bedouin element among our troops to phthisis. The Bedouin is a fine fighting soldier and possesses many admirable qualities, but the nature of his life in the desert makes him succumb easily to infection with tuberculosis. The cause of this lack of natural immunity among the

Bedouins is primarily due to their nomadic way of living. They pass their life in tents and mostly in the open under the desert sky, scattered in small groups away from one another. Thus the possibility of contact with diseased members of the tribe is limited, and consequently the chances to develop natural immunity are limited also. That explains why childhood diseases like measles, mumps and chicken-pox are so common among adult Bedouin soldiers. Another factor in this lack of immunity may be found in the fact that the Bedouins who acquire tuberculosis develop mostly acute tuberculous broncho-pneumonia like children and succumb readily if not treated. No chronic fibroid cases therefore remain to spread the disease as carriers and to eventually build up natural immunity in the tribe.

Probably the solution of this important medical problem lies in conferring acquired immunity on those concerned on one hand and in the diagnosis of the already infected cases as early as possible. The process of conferring acquired immunity by vaccinating with B.C.G. all the tuberculin-negative cases among our troops is being considered. Steps have already been taken for the application of this mass vaccination to the Bedouin soldiers. To facilitate early diagnosis among the apparently

healthy and to exclude more efficiently tuberculous cases during recruiting, a 70 mm. camera radiographic unit has already been ordered. It is also hoped that during the current year a new tuberculosis hospital will be built which will have better facilities for diagnosis and treatment and which will be able to accommodate more patients.

We have no other major medical problems. Malarious places are being efficiently dealt with and our troops live in camps away from the possibility of infection. With the exception of a few cases of malaria we have no tropical diseases—the Jordan is not a tropical country. We notice that brucellosis (Malta fever) is very rare in this country; I have not met with one single case among our troops in the last five years. We see occasionally a few cases of bacillary dysentery, but amoebic dysentery is a rarity. The hygienic conditions are comparatively good and we have had no epidemics of any kind.

I hope this gives a fair picture of the working of the Arab Legion medical services. Before ending I would like again to mention that our army is a young army and so is its medical service. The Arab Legion has made spectacular progress in the last few years and we all are sure and trust that it will still continue to progress and to do its duty.



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